

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/647926**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4		/					54						
5	/						55						
6	/						56						
7		/					57						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	1		1		1	TOTAL IND.		1		1		1
TOTAL DEP.	0						TOTAL DEP.						
TOTAL CLAIMS	5	1		1		1	TOTAL CLAIMS		1		1		1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS